FORM D

PROCESSED

JUN 1 7 2002

THOMSON
FINANCIAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPR	OVAL
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OMB Number:

3235-0076

Expires:

May 31, 2002

Estimated average burden hours per form 16.00

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)	1128310
Series B Preferred Stock Financing	1120010
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 7 ☐ Section 4(6)	□ ULQĚ
Type of Filing: ☑ New Filing ☐ Amendment	41 1 (4 5 1114 11 1 1 1110 1111 1111 1111 1111
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	EAL
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Securify, Inc.	1.0 1
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1157 San Antonio Road, Mountain View, CA 94043	(650) 812-9400
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Provide software products to manage the security of complex networks.	
Type of Business Organization	
☑ corporation ☐ limited partnership, already formed ☐ other (please spec	rify):
□ business trust □ limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 3 0 0	Actual
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	<u>;</u>
CN for Canada; FN for other foreign jurisdiction)	DE
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available estate exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kroll Associates, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 900 3rd Avenue, New York, New York 10022 Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pequot Private Equity Fund III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 153 E. 53rd Street, 35th Floor, New York, New York 10002 Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pequot Venture Partners II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 153 E. 53rd Street, 35th Floor, New York, New York 10002 Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Spectrum Equity Investors IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 333 Middlefield Road, Ste. 200, Menlo Park, CA 94025 ☑ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es) that Apply ☐ Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) BENCHMARK CAPITAL PARTNERS IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 2480 Sand Hill Road, Suite 200, Menlo Park, CA 94025 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Coughlin, Benjamin Business or Residence Address (Number and Street, City, State, Zip Code) c/o Spectrum Equity Investors IV, L.P., 333 Middlefield Road, Ste. 200, Menlo Park, CA 94025 ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director Check Box(es) that Apply ☐ General and/or Managing Partner Full Name (Last name first, if individual) Elgamal, Taher Business or Residence Address (Number and Street, City, State, Zip Code) c/o Securify, Inc., 1157 San Antonio Road, Mountain View, CA 94043

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 of 9

			_		
A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply					
2. Enter the informatio	n requested for the fo	ollowing:	-		
Each promote	er of the issuer, if the	issuer has been organize	d within the past five ye	ears;	
		power to vote or dispose,	, or direct the vote or dis	sposition of, 10%	or more of a class of equity
Each executive	e officer and directo	r of corporate issuers and	l of corporate general an	nd managing part	ners of partnership issuers; and
• Each general	and managing partne	r of partnership issuers.			
Check Box(es) that Ap	ply Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	
`	first, if individual)				
Check Box(es) that Ap	ply 🗆 Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	
	first, if individual)				
				lo Park, CA 9402	25
Check Box(es) that Ap	ply Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	
`	first, if individual)			·	
				10002	
Check Box(es) that App	ply Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 9

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Securify, Inc., 1157 San Antonio Road, Mountain View, CA 94043

Schatten, Alexis

					B. II	NFORMA	ATION A	BOUT O	FFERIN	G				
													Yes	No
1. I	las the iss	uer sold,	or does t	he issuer	intend to s	sell, to no	n-accredit	ed investo	rs in this	offering?.				X
			Answe	r also in A	Appendix,	Column 2	2, if filing	under UL	OE.					
2	What is th	e minim		tment that	• •		_						N/A	
2.	TT TIGE TO CIT		um 111 111 100	tiriorit tirat	5 0 u .	ocepted it	om any m	arriadar.						No
2 1	5 .1	rc ·		. 1		.1. 340							Yes	No
			•		= ,								X	
	or similar listed is ar of the bro	remuner n associa ker or de	ation for ted perso aler. If r	solicitation n or agent	on of purcl of a brok five (5) pe	hasers in e er or deale ersons to	connection er register	n with sal ed with th	es of secu ie SEC an	rities in tl d/or with	ne offerin a state or	ly, any commission g. If a person to be states, list the name or dealer, you may		
Full Na	me (Last n	ame first,	if individ	lual)										
Busines	s or Reside	ence Add	ress (Nun	ber and S	treet, City,	State, Zip	Code)							
Name o	f Associate	ed Broker	or Deale	<u> </u>							····			
				olicited or vidual State										States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IL]	[JA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	ne (Last n				[0.]	[* *]		[]	[, , ,]					
i'uii Nai	ne (Last n	anie msi,	II IIIUIVIU	iuai)										
Busines	s or Reside	ence Add	ress (Nun	nber and St	treet, City,	State, Zip	Code)							
Name o	f Associate	ed Broker	or Deale	r				-						
				olicited or								1	□ A11.5	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nai	ne (Last n	ame first,	if individ	lual)										
Busines	s or Reside	ence Add	ress (Nun	nber and St	treet, City,	State, Zip	Code)							
Name o	f Associate	ed Broker	or Deale								-,			
				olicited or i			rchasers	•••••	•••••			1	□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
-	-		-								-			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	ndicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregat	e	Δ,	nount Already
	· · · · · · · · · · · · · · · · · · ·	Offering Pr		A	Sold
	Debt	\$ -0-		\$	-0-
	Equity	\$ <u>13,126,787</u>	<u>.10</u>	\$ <u>1</u>	3,126,787.10
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	\$ -0-		\$	-0-
	Partnership Interests	\$ -0-,		\$	-0-
	Other (Specify))	\$ -0-		\$	-0-
	Total	\$ <u>13,126,787</u>	.10	\$ <u>1</u>	3,126,787.10
	Answer also in Appendix, Column 3, if filing under ULOE.				
o n	inter the number of accredited and non-accredited investors who have purchased securities in this ffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the umber of persons who have purchased securities and the aggregate dollar amount of their purchases on ne total lines. Enter "0" if answer is "none" or "zero."	Number			Aggregate
		Investor		4	ollar Amount of Purchases
	Accredited Investors				<u>3,126,787.10</u>
	Non-accredited Investors	0		_ \$_	·
	Total (for filings under Rule 504 only)	-		_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
S	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first ale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering	Type of Security		D	ollar Amount Sold
	Rule 505			\$	
	Regulation A				
	Rule 504				
	Total			 	
tl	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in his offering. Exclude amounts relating solely to organization expenses of the issuer. The information has be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an stimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		X	\$ <u>10</u>	0,000
	Accounting Fees			\$	<u> </u>
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		\mathbf{X}	0 14	00,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES AN	D USE OF PROCE	EDS	
	b. Enter the difference between the aggregate offering price given in response to Part C total expenses furnished in response to Part C – Question 4.a. This difference is the proceeds to the issuer."	ʻadjuste	ed gross		\$ <u>13,026,787.10</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish an estir the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Question 4.b above.	nate an	d check		
			Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	. 🗆	\$	_ 🗆	\$
	Purchase of real estate	. 🗆	\$	🗆	\$
	Purchase, rental or leasing and installation of machinery and equipment	. 🗆	\$	_ 🗆	\$
	Construction or leasing of plant buildings and facilities	. 🗆	\$	_ 🗆	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	. 🗆	\$		\$
	Repayment of indebtedness	. 🗆	\$	_ 🗆	\$
	Working capital	. 🗆	\$		\$ <u>13,026,787.10</u>
	Other (specify):		\$	_ 🗆	\$
			\$	_ 🗆	\$
	Column Totals		\$	×	\$ 13,026,787.10
	Total Payments Listed (column totals added)		×	- 13,026,	
			_		
	D. FEDERAL SIGNATURE				
ig	ne issuer has duly caused this notice to be signed by the undersigned duly authorized per- gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exc formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2	hange (Commission, upon v	under R vritten r	ule 505, the following equest of its staff, the
	suer (Print or Type) Signature	,,		Date	24, 2002
	ecurify, Inc. Olly is John	# <u></u>		May_	1 , 2002
	ark Hangen Title of Signer (Print or Type) Chief Executive Officer	EZR	ETRILY		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

T.	CT	TI	CT	CIRT A	TITLE	
Ŀ.	$\mathbf{SL}A$	ALE.	21	\mathbf{GNA}	TURE	

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?.. Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Securify, Inc.	Signature Obatte	Date
Name (Print or Type) Mark Hangen	Title of Signer (Print or Type) SERETURY Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4				5
	Intend to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL						·			
AK					-				
AZ									
AR									
CA		X	Series B Preferred Stock	11	\$8,726,787.37	-0-	-0-		X
СО									
CT		X	Series B Preferred Stock	4	\$4,149,999.73	-0-	-0-		Х
DE									
DC	-			_					j.
FL									
GA									
HI									
ID _.									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
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APPENDIX

1		2	3		 ,	4	r		5	
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				security gregate g price in state Disqual under Sta (if yes explan explan amount purchased in State Disqual under Sta (if yes explan explan waiver		diffication ate ULOE, attach atton of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT	res	140		Investors	Amount	investors	Amount	1 es	140	
NE	<u> </u>									
NV										
NH								-		
NJ								-		
NM										
NY		X	Series B Preferred Stock	1	\$250,000.00	-0-	-0-		Х	
NC										
ND	-									
ОН										
OK						· · · · ·				
OR										
PA										
RI			<u> </u>		-					
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA	-						<u> </u>			
WV										
WI										
WY			~			,				
PR										